



130 Commerce Parkway Suite 111  
Garner, NC 27529  
Phone 919.706.5004

Date: \_\_\_\_\_

**STATEMENT REGARDING PRIVATE HEALTH INFORMATION:**

Name: \_\_\_\_\_

*It is the intent of this office to be in compliance with the Privacy Standards for Private Health Information (PHI) covered under Health Insurance Portability and Accountability Act (HIPAA).*

- ▶ I understand that I have the right to request that certain information be excluded from my record unless the information is related to my diagnosis.
- ▶ I understand that I have the right to amend information but not expunge (“erase”) information from my record.
- ▶ I understand that I have the right to inspect and/or receive a copy of my Private Health Information (PHI) i.e. Record unless it is legally determined that it would adversely affect my well-being or I am a minor. My request must be fulfilled by this office within 60 days of my written request. There will be a charge for copies.
- ▶ As additional HIPAA regulations are mandated and clarified, this office will be altering its policies and procedures to be in compliance.
- ▶ If this office is found to be in violation of the Primary Standards put forth in HIPPA, I am urged to speak with my therapist and if not resolved, I have a right to file a formal complaint with the Office of Civil Liberties.

*I have read and received a copy of the above Privacy Standards for Private Health Information covered under HIPAA.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_